North East Local Health Integration Network

INTEGRATED HEALTH SERVICE PLAN

DECEMBER 2006

Disponible en français

ISBN 1-4249-2729-3 (Print)
ISBN 1-4249-2730-7 (PDF)

Ontario

TABLE OF CONTENTS

PROVINCIAL CONTEXT 2

THE NORTH EAST LHIN
INTEGRATED HEALTH SERVICE PLAN VISION 4

ENVIRONMENTAL SCAN 6

NORTH EAST LHIN PRIORITIES FOR CHANGE 8

CURRENT ACTIVITIES: COMMUNITY ENGAGEMENT 19

NORTH EAST LHIN ACTION PLAN 21

PREFACE

The North East Local Health Integration Network (NE LHIN) has undertaken this Integrated Health Service Plan (IHSP) to serve as a starting point for our integration planning work for the next three years. With extensive help from our community partners, we have identified a broad set of goals, opportunities and priorities for the North East.

We value the feedback received during our community engagement process and appreciate the contribution that many stakeholders have made to the development of this report.

Each of the priority areas identified in this Plan is discussed in detailed background papers. We encourage you to obtain a copy of these documents through our website or office.

North East Local Health Integration Network
555 Oak Street East, 3rd Floor
North Bay, ON P1B 8E3
Phone: 705-840-2872 or 1-866-906-5446
Email: northeast@lhins.on.ca
Website: www.lhins.on.ca/english/northeast/northeast.asp
www.lhins.on.ca/french/northeast/northeast.asp

PROVINCIAL CONTEXT

The province's vision, strategic directions, policies and priorities have been reviewed and synthesized to guide, and provide a broader context for, the NE LHIN's planning activities.

The North East LHIN IHSP Vision section of this document outlines our values and priorities under four themes: equity and access; quality and efficiency; wellness, promotion and prevention; and information and communication. For comparative purposes, and to demonstrate alignment with provincial strategies, these categories have been applied to the following summary of the provincial context.

EQUITY AND ACCESS

COMMUNITY ENGAGEMENT

Participatory decision-making and stakeholder input has been a central theme of the Ministry of Health and Long-Term Care (MOHLTC). The Local Health System Integration Act, 2006, mandates the development of community engagement strategies. The North East LHIN has embraced the province-wide commitment to actively engage in open communication, and broad, inclusive consultation.

SERVICE INTEGRATION

Seamless access and structural change are critical components of the government's vision of an integrated health system that reduces duplication while improving access to needed services. Primary Care Reform, featuring the introduction of Family Health Teams, and other initiatives are under way to help people navigate through the health system as their needs for services change.

QUALITY AND EFFICIENCY

THE HEALTH RESULTS TEAM: TRANSFORMING THE HEALTH SYSTEM

Nine strategic themes, articulated by the Ministry's Health Results Team, address quality and efficiency, calling for: better information for improved decision-making and accountability; increased access, integration and quality; and improved clinical outcomes.

ONTARIO HEALTH QUALITY COUNCIL

Access, health human resources, health status, and health system outcomes will be monitored by this new independent body, created September 12, 2005, to report to the public on how well our health care system is performing.

SUSTAINABILITY AND CREATING EFFICIENCIES

The Commitment to the Future of the Medicare Act, 2004, addresses the importance of preserving a health system in Ontario that lives within the principles of the Canada Health Act.

CULTURE OF ACCOUNTABILITY

Decision-making must be transparent and linked to outcomes. The Local Health System Integration Act addresses the importance of public accountability and transparency. This requires clearly defined roles and responsibilities, evaluation mechanisms built into policies, and the re-examination of effectiveness at all stages of service delivery and system change.

WELLNESS: PROMOTION AND PREVENTION

MINISTRY OF HEALTH PROMOTION

Healthy Ontarians in a Healthy Ontario – A Strategic Framework, one of the first documents issued by the new Ministry of Health Promotion, identifies the following five ministry priorities: A Smoke-Free Ontario; Healthy and Active Living; Injury Prevention; Mental Health and Addictions Initiatives; and Programs for Children and Youth.

PUBLIC HEALTH: DEALING WITH INFECTIOUS DISEASE AND EMERGENCIES

The new Ontario Health Protection and Promotion Agency will support the provincial Chief Medical Officer of Health and provide expert scientific leadership and technical advice to the health sector.

Public Health Unit funding and structure have been reviewed with recommendations to improve the capacity of local public health units contained in the final report of the Local Public Health Capacity Review Committee released on May 4, 2006.

COMMUNICATION

CONSULTATION AND AN INFORMED PUBLIC

The ministry's Health Results Team, in its first annual report, indicated that, "consultation is the cornerstone of transformation". The public must be well-informed of programs, policies and new directions, and the sharing of appropriate information among providers will be key to the delivery of efficient and effective services.

INFORMATION MANAGEMENT

There are nearly 100 separate health information databases in Ontario, many of which contain the same data, and there are in excess of 2,000 separate performance indicators in use. The ministry has initiated steps to: reduce the burden of data collection on providers; produce better information; support accountability; improve quality through performance measurement; and strengthen evidence-based decision-making.

ADDITIONAL PROVINCIAL PRIORITIES AND STRATEGIC DIRECTIONS

IMPROVED ACCESS THROUGH REDUCED WAIT TIMES

The National Waiting Times Reduction Strategy arose out of discussions at the 2004 annual conference of federal, provincial and territorial Ministers of Health.

Ontario's Wait Time Strategy was launched in November 2004, setting 2006 as the target date for results in the five procedures agreed upon nationally. The first steps in operationalizing Ontario's Strategy involved gathering information, establishing benchmarks, pursuing efficiencies and increasing the number of procedures performed.

SERVICES FOR ONTARIO'S FRANCOPHONE POPULATION

The Local Health System Integration Act emphasizes the government's commitment to *"equity and respect for diversity in communities and the requirements of the French Language Services Act :in serving Ontario's French-speaking community"*.

ABORIGINAL HEALTH AND WELLNESS

The role of, and requirement to involve, Aboriginal peoples in the planning and delivery of health services in their communities is recognized in the Local Health System Integration Act. The ministry has made a strong commitment to partner with Aboriginal representatives to combat the alarmingly poor health status faced by on- and off-reserve Aboriginal people in Ontario.

PRIMARY CARE REFORM

The implementation of Family Health Teams (FHTs) is the central transformation strategy through which the government will provide more Ontarians with access to primary care. One hundred and fifty FHTs have been approved for development throughout Ontario, including seventeen Teams in the North East.

HEALTH HUMAN RESOURCES

Providing better access to doctors and nurses is one of three top priorities frequently referenced in Ontario's current health strategy.

MENTAL HEALTH AND ADDICTION

Additional resources for mental health and addiction services have been allocated, primarily in response to the recommendations of nine Regional Mental Health Implementation Task Forces.

Enhanced programming for individuals suffering from concurrent disorders (the presence of both an addiction and a mental illness) has been given high priority.

AMBULANCE, EMERGENCY AND CRITICAL CARE SERVICES

The provincial Hospital Emergency Department and Ambulance Effectiveness Working Group published a report in the summer of 2005, presenting 15 recommendations for hospitals and ambulances to transfer patients more efficiently.

STROKE STRATEGY

The report of the Coordinated Stroke Strategy Working Group was endorsed by the ministry, supporting district and regional stroke centres in Ontario.

DIABETES STRATEGY

The Diabetes Advisory Committee, established in 1992, launched a ten-year strategic plan for designing and implementing effective programs to prevent diabetes and its complications. The plan continues to focus on people in communities at greatest risk, including Northern Ontario, Ontario's Aboriginal population, and seniors.

CANCER CARE PLAN

Cancer Care Ontario has led the development of a long-term plan for cancer prevention, early detection and treatment.

THE NORTH EAST LHIN INTEGRATED HEALTH SERVICE SERVICE PLAN VISION

The North East LHIN's Integrated Health Service Plan is based on the following vision and values to assist in identifying initial priorities as we work closely with our community planning partners.

NE LHIN IHSP VISION:

An integrated health care system that achieves an equitable distribution of resources, a culture of mutual accountability and improved access that will collectively lead to better health outcomes for individuals.

NE LHIN IHSP VALUES:

Equity and Access

The fair and just allocation of decision-making, resources, and services.

- Community Engagement: participatory decision-making; stakeholder input and empowerment; and the equitable distribution of resources.
- Service and System Integration: seamless access; and structure and system refinement.

Quality and Efficiency

The best possible services achieved through optimal use of finite resources.

- State of the art programs.
- Sustainability.
- Culture of accountability: application of standards and indicators.
- Service and system integration.

Wellness: Promotion and Prevention

A system that is outcome and wellness oriented.

- Results and outcome measurements.
- Health status improvement.
- Social determinants of health.
- Healthy public policy.

Information and Communication

Informed providers and consumers sharing a comprehensive, integrated information system.

- Regular public communication.
- Technology and eHealth.

THE IMPORTANCE OF EQUITY

Ensuring that resources are distributed equitably will be one of the North East LHIN's most important challenges. Differential access denies some Ontarians fair opportunity for participation in the health system.

The North East LHIN is proposing a flexible framework to assist in the evaluation of equity as it pertains to programs, policies and the distribution of finite resources throughout North Eastern Ontario.

Resources, the decision-making process and outcomes will be measured against specific categories such as those identified in the following grid.

NORTH EAST LHIN EQUITY AND ACCESS MODEL

Application of ↓ / Across →	Age	Gender	Geographic Location	Socio-Economic Status	Ethno-Racial/ Cultural	Stakeholder Balance	Established Policy and Planning Priorities
Resources - Funds - Staff - Volunteers							
The Decision Making Process - Community Engagement - Stakeholder Input							
Outcomes - Efficiency - Quality - Improved Health Status							

The following is an overview of the key socioeconomic and health status information about the residents of North East Ontario.

SOCIODEMOGRAPHICS

Planning Area	Total Population	% of NE LHIN
Algoma	118,510	22%
Sudbury-Manitoulin	188,480	34%
Parry Sound	39,645	7%
Nipissing	82,935	15%
Timiskaming	34,435	6%
Cochrane	78,465	14%
James Bay Coast *	4,850	1%
NE LHIN	**547,320**	**100%**

Statistics Canada, Census 2001
* This is an undercount by approximately 50% due to varying levels of participation in the Census by First Nations communities.

Overall, relative to the province, the North East has a higher:

- percentage of the population with Aboriginal identity;
- percentage of Francophones;
- proportion of older people;
- unemployment and low income rate;

... and a lower:

- rate of population growth;
- percentage with post secondary education;
- percentage of immigrants and visible minorities; and
- proportion of pre-middle-age adults.

HEALTH BEHAVIOURS AND HEALTH STATUS

Compared to the province, the North East has a higher:

- percentage of daily smokers;
- percentage of adults who are current drinkers reporting heavy drinking;
- percentage of adults who are obese or overweight;
- prevalence of self-reported activity limitations, arthritis/rheumatism, high blood pressure, diabetes and heart disease;

... and a lower:

- life expectancy for males and females; and
- rate of contact with a medical doctor in the last year.

MORBIDITY AND MORTALITY

In 2000/2001:

- 23.4% of deaths in the North East occurred before the age of 65, and 46.3% occurred before the age of 75. The Ontario percentages were 21.3% and 41.2% respectively.
- All cause mortality, potential years of life lost (PYLL) and hospitalization rates in the North East were statistically significantly higher than the province. This appears to be primarily due to significantly higher rates of circulatory disease and cancer, which are the two leading causes of death.
- PYLL rates are useful for quantifying the number of years of life "lost" from deaths that occur "prematurely" (i.e. before age 75). In the North East, external causes (i.e. injuries) contributed to more years of potential life lost than any other cause, followed by cancer and circulatory system diseases.
- In the North East, hospitalization rates for all conditions, with the exception of maternal conditions were significantly higher relative to the province as a whole.

Self-reported health, an indicator of overall health status, can reflect aspects of health not captured in other measures, such as disease severity, aspects of positive health status, physiological and psychological reserves, and social and mental function. Residents of the North East report their health as "excellent" or "very good" at rates that are significantly lower (53.7%) than the province as a whole (57.4%).

HEALTH SERVICES IN THE NE LHIN

Number	Health Organizations and/or Programs
25	General Hospitals
1	Specialty Mental Health Facility (2 sites)
1	Regional Cancer Centre
6	Community Care Access Centres
76	Community Support Services
45	Long Term-Care Homes/Facilities
40	Community Mental Health Programs
10	Problem Gambling Programs
26	Substance Abuse Programs
3	Community Health Centres
1	Group Health Centre in Sault Ste. Marie

Given the size and diversity of the North East, seven planning and community engagement areas have been identified to enable access and local sensitivity to the NE LHIN's planning activities. However, it is understood that there will be considerable flexibility in the planning work and participants will not be excluded from participation based on their location. It is recognized that clients and service providers will cross these boundaries for services, and that geographical areas are intended to enhance, not limit, planning and community engagement.

NORTH EAST LHIN PRIORITIES FOR CHANGE

A review of: the provincial context and directions; the input and feedback received from community stakeholders over the past months; and the results of the priority setting workshop of November 2004, has resulted in the following list of North East LHIN integration planning priorities.

These topics (listed in alphabetical order) are considered to be a starting point, recognizing that many other important issues will warrant consideration as opportunities arise.

- ***Aboriginal Health Services***
- ***Chronic Disease Prevention Management***
- ***Coordinated Information and Communication Technology System and Information Management***
- ***French Language Health Services***
- ***Health Human Resource Needs***
- ***Primary Care Reform***
- ***Reduced Wait Times***

It is important to note that the NE LHIN has taken a system level and integrative approach to identifying its three-year planning priorities for the region. As opposed to strictly sector-based (e.g. mental health, hospitals) or population-specific approaches to planning (e.g. maternal/infant, older individuals, mental health consumers/survivors), the LHIN is pursuing opportunities and actions that will both span and bind the services and sectors into a cohesive system. By using this system approach, no community, agency or sector will be excluded from LHIN activities.

The chart on page 9 is a graphic depiction of the relationship between the NE LHIN's IHSP vision, values and priorities for the next three years.

Vision for the Integrated Health Service Plan

An integrated health care system that achieves an equitable distribution of resources, a culture of mutual accountability and improved access that will collectively lead to better health outcomes for individuals.

NE LHIN Integrated Health Services Planning Framework

REVIEW OF PAST PLANNING AND PRIORITY SETTING INITIATIVES

As part of the North East LHIN's process to identify priorities for change, every effort has been made to recognize, and learn from, the many valuable planning and priority setting exercises that have already taken place. This process revealed substantial similarity between the directions proposed among the various past reports and the NE LHIN's priorities identified above.

The most significant system integration priorities and themes, as identified by stakeholders throughout the North East over the past decade, have been summarized.

Leadership: The health system needs centralized leadership to maintain momentum and ensure that the transformation agenda remains focused on the needs of individuals, clients and communities.

Language and Culture: The system must ensure that linguistically and culturally sensitive services are maintained and enhanced by creating a barrier-free environment that facilitates equitable access to appropriate services for everyone.

Health Human Resources: A collaborative approach to health human resources planning, including recruitment and retention strategies, is needed on district and regional levels.

Health Promotion and Disease Prevention: The system needs to facilitate a philosophical shift away from treating illness towards the prevention of disease. Health status should guide the development of interventions.

Continuum of Health Care Services: The system must create a true continuum of care that facilitates seamless access to needed services in the most suitable location using the most appropriate resources.

Integration Mechanisms: The system can operationalize the concept of integration by implementing mechanisms that provide the consumer with the experience of a seamless continuum of health care services. There is widespread support for the development of a comprehensive health care service directory, a system navigation function, standardized assessment tools, and a common information and communication technology system.

Communication Plan: A comprehensive communication directory which would include information on institutional and community-based services, and professional health services, from local, regional and provincial perspectives should be developed.

Primary Care Innovation: The system must foster a climate of innovation in the delivery of health care services as a means of maximizing the capacity of existing health human resources. The primary care team concept should be expanded.

Partnering with Educational Institutions: Establishing strong linkages with post secondary institutions as a means of ensuring that the future needs of the system are proactively addressed by educational and training institutions is essential.

Adjustments to the Long-Term Care Continuum: Adjusting the continuum of care to ensure that the most appropriate services are in place based on the needs of the local population and the realities of the North East is critical.

The following is a summary of lessons learned from past planning exercises.

Lessons Learned from Past Planning Initiatives in North Eastern Ontario

- There is a vast body of knowledge that exists to guide health care transformation. The system needs to act on the priorities identified.
- Reforms must be approached from a system perspective with consideration given to how changes in one area impact on other services along the continuum of care.
- The foundation for large scale changes has been developed and refined over the years. Providers are aware and supportive of the need for change. This change is required to enhance system capacity and ensure sustainability.
- At times, there may be value in making smaller, more manageable changes that are supported locally with a view to expanding these successes incrementally on a larger scale.
- Many reform initiatives require substantial transitional dollars if they are to be successfully implemented.
- There is a need for strong and consistent leadership that guides the system towards a clearly articulated vision.

A discussion of each of the individual IHSP priorities follows.

ENGAGING ABORIGINAL PEOPLES

BACKGROUND

Although there are federal initiatives dedicated to Aboriginal peoples, members of First Nations and citizens of the Métis Nation receive the majority of their primary physician and hospital care through provincially funded programs and services (particularly those individuals living off-reserve). Ensuring that provincial programs that serve Aboriginal peoples provide services in a culturally appropriate manner must remain a top priority in the North East. The NE LHIN seeks to build a strong foundation for the development of a respectful, inclusive and productive dialogue with Aboriginal groups. All participants must feel that their concerns have been heard, understood, and addressed.

HEALTH STATUS

The health status of Aboriginals is significantly lower than the non-Aboriginal Canadian population. For example, nationally, First Nations people living on-reserve:

- experience a higher burden of chronic diseases including arthritis, high blood pressure, diabetes, and heart disease;
- experience higher birth rates, infant mortality rates and low birth weights;
- have higher suicide rates;
- tend to have lower socioeconomic status; and
- experience a higher burden of infectious diseases, including AIDS and tuberculosis.

AREAS OF CONCERN FOR FIRST NATIONS AND MÉTIS

First Nations and Métis may be concerned that the NE LHIN:

- Could threaten their efforts to achieve self government.
- Will use "integration" as another means of assimilation.
- Will not understand the need for First Nation and Métis to build the capacity to deliver and govern health services.
- Will not understand or recognize traditional approaches to health care.

First Nations may be concerned that the NE LHIN:

- Will not understand that the control of data is vital to their defense against assimilation.

The Métis may be concerned that the NE LHIN:

- Will not treat them as separate and unique from First Nations.

These issues will need to be understood and addressed if Aboriginal groups are to be positively and successfully engaged.

ISSUES AND OPPORTUNITIES

Aboriginal health planning reference groups are proposed to frame issues and opportunities identified by Aboriginal Groups in the NE LHIN, and reach an agreement on the most appropriate method of engagement of First Nations Chiefs or the Métis Council Presidents, and the LHIN Board. These groups would be comprised of the Health Directors from Tribal Councils, the Political Territorial Organization, Community Councils in the case of Métis, the Zone Director, senior management of on- and off-reserve provider organizations, and North East LHIN staff.

Initially the issues and opportunities that we anticipate addressing, in partnership with on- and off-reserve groups, can be broken down into the following three broad categories. This summary is, by no means, exhaustive and is intended only as a starting point for dialogue.

Information Items: Towards Productive Dialogue and A Common Understanding

- The role and responsibilities of the NE LHIN pertaining to Aboriginal health services should be clarified.
- Concerns regarding the relationship between the NE LHIN and Aboriginal groups should be identified and addressed.
- Clarification of what is meant by "integration" vis-à-vis services dedicated to serving First Nations and Aboriginals.

Global or Central Issues that are Fundamental to Health Planning

- The vision for both on- and off-reserve Aboriginal health services in the North East should be collaboratively developed.
- Measures to improve the health status of the Aboriginal population should be explored and acted upon.

- Better health data for Aboriginal groups is essential.
- Issues regarding Aboriginal health human resources must be addressed.

Opportunities to Collaborate

- Telehealth infrastructure should be pursued for remote and northern First Nations and the Métis Nation.
- The Integration Project Steering Committee should be consulted to determine the best course of action in supporting the Weeneebayko Health Ahtuskaywin/James Bay General integration project.

FRENCH LANGUAGE HEALTH SERVICES

BACKGROUND

Language and culture play an essential role in the provision of health care services. Since approximately one quarter of the population of North East Ontario is French speaking, the NE LHIN has identified Francophone services as a priority.

The French Language Health Service Networks' recent Setting the Stage projects (focused on primary care services for Francophones) were limited by the lack of concrete indicators related to Francophone utilization of the health care system, and sociodemographic, morbidity, mortality, and health status information. Given their unique needs, many of the health promotion and disease prevention programs for the general population are not effective or accessible for the Francophone population.

SOCIODEMOGRAPHIC PROFILE

- According to the 2001 Census, there are 138,585 Francophones in the NE LHIN region comprising 25.1% of the total population.
- The largest proportion of Francophones in the North East is in the Cochrane and Timiskaming Districts although significant numbers reside in: the City of Greater Sudbury, parts of the Sudbury District, West Nipissing, and North Bay.
- The Francophone population in the North East is slightly older and less educated than the population as a whole.
- With regard to health status, Francophones in Ontario and the North East are disadvantaged when compared to the entire population.

PROVINCIAL CONTEXT

In 1986, the French Language Services Act came into effect in Ontario, addressing the right of citizens to access services in French. By way of an Order-In-Council, the Act mandates specific agencies located in any of the 24 designated regions, to deliver services in French. In North East Ontario, the following areas are designated under the French Language Service Act: City of Greater Sudbury; the Districts of Algoma, Cochrane, Nipissing, Sudbury, Timiskaming, and the Municipality of Callander.

Since 2001, there have been four federally-funded French Language Health Services Networks *(Réseaux de santé en français)* in Ontario, two of which are located in the North East: *Le Réseau de santé en français du Moyen-Nord de l'Ontario and Le Réseau francophone de santé du Nord de l'Ontario.* The Networks' main purpose is to improve access to health care services in French by networking key players in the health sector.

LOCAL CONTEXT: PROJECTS COMPLETED OR UNDER WAY

The following programs and projects targeting the Francophone population in Northeastern Ontario have been completed or are under way.

- *Manitoulin-Sudbury Community Care Access Centre Primary Health Care and Support Services Information System* - a database of health care services available in French.
- *Setting the Stage – Préparer le Terrain* – French primary health care planning reports.
- *Networking Project: Réseau de santé en français du Moyen-Nord de l'Ontario* – information links.
- *Second Report on the Health of Francophones in Ontario* - a profile of the health status and health behaviours of Franco-Ontarians.
- *Northern Ontario School of Medicine* – research to help meet the needs of Franco-Ontarian communities.
- *Consortium national de formation en santé* – Health Canada development funding to increase the number of individuals who chose to pursue health-related studies in French.
- *Regroupement des intervenantes et intervenants francophones en santé et en services sociaux*

de l'Ontario – communication and help for professionals to improve the provision of services in French.

ISSUES AND OPPORTUNITIES

Enhanced Access and the Process for the Identification of French Service Agencies
The North East must address the gap that exists in French language services planning with respect to access and the identification of agencies that should provide services in French. French language designation plans need to be reviewed and a process established to replace the work of the previous District Health Councils.

Health Service Information and Referral Database
The need to provide up-to-date information to consumers as they endeavour to access and navigate the system has been identified as a high priority. The Manitoulin-Sudbury Community Care Access Centre Primary Health Care and Support Services Information System will assist in addressing this priority.

Interpretation and Translation Services
To address the unmet need for the provision of French language health services, it is important that providers work with key Francophone stakeholders to develop a formal, standardized and consumer friendly interpretation/translation service for individuals who must see non-French speaking health care professionals.

Health Human Resources Plan
Given the shortage of qualified Francophone health professionals in the North East, it is important to ensure collaboration between stakeholders. A joint process for the collection of health human resource data, the identification of gaps, and the development of education, recruitment and retention strategies should be pursued.

Culturally and Linguistically Appropriate Health Promotion
A better understanding of available resources, combined with a concerted effort to develop culturally and linguistically appropriate health promotion and disease prevention programming from Francophones remains a high priority.

Enhanced Planning and Research to Address the Needs of Francophones
Improved measures of the need for services in French must be achieved. Pertinent linguistic variables must be included in a consistent manner as information is collected.

Engaging the Francophone Community
The Francophone community must have an opportunity to participate meaningfully in all French language services planning. The two French Language Health Services Networks in the North East are well positioned to work with the North East LHIN and other community partners to improve French language services.

HEALTH HUMAN RESOURCES

BACKGROUND

Ontario's vision for health care embraces a goal that there be the right number and mix of health care professionals, when and where they are needed. When compared to Ontario and the rest of Canada, the North East region has significant shortages in a number of health human resource areas including, for example: physician specialists, physiotherapists, and occupational therapists. On the other hand, there are instances where the number of professionals in the North East compares favourably to Ontario and Canada on a per capita basis, however there is significant maldistribution with many communities experiencing ongoing shortages. Chronic vacancies that already exist will be compounded by: the aging of both the health service workforce and general population; and increased demand for services.

Information about the number of people working is generally hard to come by and there is no one place to go to identify current vacancies on a regional basis. There are, however, some good building blocks in place that will help to address long-standing health human resources issues.

ISSUES AND OPPORTUNITIES

A Region-Wide Approach to Planning

- Structures and processes must be designed and developed to support the communication of ideas and information across the North East.
- The Ministry's Health Force Ontario Strategy, aimed at creating new roles for health care workers in areas where needs currently exceed the ability to provide services, should be considered on a regional basis in the North East.
- The health human resources component of the Regional Laboratory Services Plan for the North East should be addressed and implemented.

A Comprehensive Health Human Resources Plan

- A North East plan should be initiated to:
  - identify strategies for recruitment and retention;
  - summarize current collaborative health human resources activities;
  - identify relevant best practices;
  - communicate with post secondary institutions;
  - consult with Francophone and Aboriginal representatives to determine the best strategies to attract, educate and retain Francophone and Aboriginal health professionals; and
  - assess the merits of different "extenders" of human resources capacity. This includes such things as the use of technology to increase efficiency, the enhanced use of trained assistants, aids, and therapists, and expanded roles and skill sets for select professions.

Collaboration

- **A real time listing of all vacancies for health professionals throughout the region** should be developed. As of mid 2006, there were hundreds of vacancies for health professionals throughout the region including over 160 vacancies for physicians and specialists. Regularly updated vacancy information could be shared with appropriate colleges and universities, available on the internet, and linked to individual employer's websites.

- **Shared human resources** should be considered and encouraged by health service organizations within reasonable commuting distance whenever a vacancy or need arises. Norms and standards to guide the sharing of human resources could be established.

- **Other joint strategies and activities** that could be considered at the regional level involve a shared approach to: employee health and safety; recruitment and retention; staff development and education; performance appraisal processes and formats; information management; developing standardized position descriptions and workload measurement; managing change; and monitoring key human resources indicators.

ENABLING FACTORS

The noted opportunities must be supported by a number of enabling factors that will contribute to their success, including:

- alignment with current and planned ministry initiatives in developing databases to track categories of health human resources;

- ministry policies and programs to support education and training for health professionals;

- Northern Ontario School of Medicine role development;

- established databases and processes for identifying certain vacancies, currently operated by the Northern Ontario School of Medicine;

- existing regional service plans, such as those in place for laboratory services; and

- the demonstrated creativity and willingness of health service organizations in North East Ontario to work together collaboratively.

INFORMATION AND COMMUNICATION TECHNOLOGY and INFORMATION MANAGEMENT

BACKGROUND

Activity and investment in information and communication technology (ICT) and information management (IM) has grown rapidly over the past few years in Northern Ontario and throughout Canada. The broad range of things that can be done with computer technology to support health care (eHealth) has the potential to yield significant benefits to the overall system, individual organizations, staff and patients.

BENEFITS OF ICT AND IM

- Helping span the vast geography of the region to deliver patient care as close to home as possible.

- Supporting health professionals by providing access to the latest technologies where they practice, and using technology to provide continuing education and peer support opportunities.

- Enhancing access to, and use of, scarce specialized health human resources.

- Accommodating increased communication and standardization amongst providers.

- Creating ICT economies of scale within health sectors and across the health system such as cost sharing on information system development, ICT technical resource sharing, joint ICT purchasing and support arrangements.

The potential for ICT to integrate health services and sectors, coupled with the mandate and facilitative role of the LHIN to achieve integration, makes ICT a natural priority for the North East LHIN. Similarly, a comprehensive approach to IM within the region will support sound service planning, management, performance measurement and accountability.

THE NORTH EAST TRACK RECORD

The North East has a long and successful track record of eHealth planning and project implementation as highlighted in the following initiatives:

- Northern Ontario ICT Blueprint – Phase 1, 2005, which focused on hospitals, community care access centres and regional hospitals/programs' ICT needs and strategies;
- Ontario North eHealth Steering Committee which was established to implement the ICT Blueprint (and is active in the areas of picture archiving and communications system (PACS), electronic health record and back office initiatives); and
- Innovative eHealth and related models such as the North East Ontario Network, Northern Ontario Radiology program, Northern Ontario Telehealth Network, Northern Ontario Hospital Back Office Services, and participation in the provincial Electronic Children's Health Network.

eHEALTH: CRITERIA FOR SUCCESS

As with most health care initiatives, eHealth projects have the greatest chance of success within the context of federal and provincial policy, and funding requirements, if they:

- enhance patient care services or access to services;
- are part of a broader regional strategic eHealth plan;
- use a multi-agency or multi-sectoral partnership approach;
- have a sound business case; and
- can be leveraged or used as foundational elements in the creation of an electronic health record.

ISSUES AND OPPORTUNITIES

Planning

- Support the Northern Ontario ICT Planning Project (ICT Blueprint) – Phase 2 to be completed by March 2007.
- Complete a third phase of system-wide ICT focused priority setting, tactical and implementation planning by the end of 2007.

Facilitation

- Engage ICT stakeholders to develop LHIN-wide ICT standards, requirements for interoperability, and best practices and sharing thereof.
- Identify and support high potential eHealth change and innovation initiatives within the LHIN that can be used as models.
- Support the use of ICT to increase community participation in health planning, and patient participation in their care.

Funding

- Support the development of system-level ICT cost/benefit analysis models and guidelines for provider / LHIN / MOHLTC funding to offset reasonable incremental ICT costs (these items will be particularly applicable in large/regional projects such as Pan Northern Ontario PACS Project and North East Ontario Network).

Management

- Monitor and support the newly established North East Local Data Management Partnership.
- Ensure that a strong linkage is established between ICT projects and IM activities.
- Work to secure access to high quality data at the appropriate level (e.g. raw/record level vs. reports) in a timely manner.

CHRONIC DISEASE PREVENTION AND MANAGEMENT

BACKGROUND

There is an ever increasing acknowledgement that Chronic Disease Prevention and Management (CDPM) must become a cornerstone of health system transformation in order to effectively address overall population health and service demand. There is also an emerging understanding that a focus on chronic

diseases is not a singular strategy, but rather requires a shifting of the health system from an illness to wellness orientation, requiring the active participation of providers from across the full continuum of care. Chronic conditions place a high burden on the health care system and reduce the quality of life of those who suffer from the condition. The North East's rates of arthritis/rheumatism, high blood pressure, diabetes, and heart disease are all significantly higher than the province as a whole as are the rates for potential years of life lost and hospitalization. Circulatory disease and neoplasms are the two leading causes of mortality.

The toll that chronic conditions exact from individuals, communities and the health system in the North East are significant. The NE LHIN will work within the provincial context to support the Ministry of Health and Long-Term Care's CDPM Strategy and its eight critical components:

- A partnership among individuals and families, health care organizations, and their community.
- A delivery system design that focuses on prevention, improved access, and continuity of care.
- Provider decision support that integrates evidence-based guidelines into daily practice.
- Information Systems that enhance information for providers and clients across integrated services.
- Personal skills and self-management support to empower individuals to build skills for healthy living and to cope with disease.
- Healthy public policy - development and policies that improve individual and population health.
- Supportive environments that remove barriers to healthy living and promote safe, enjoyable living and working conditions.
- Community action encouraging communities to increase control over issues affecting health.

ISSUES AND OPPORTUNITIES

Planning and Facilitation

- Establish a North East LHIN Chronic Disease Prevention and Management Advisory Panel to:
  - identify, through a review of health and service information, one or more key disease priorities that have the greatest population health and health system impacts;
  - create an inventory of current CDPM initiatives;
  - develop prevention and management best practice models and guidelines across the continuum of care (i.e. become an inter-sectoral integrated health promotion team);
  - identify areas for efficiencies within the current CDPM system and additional resource needs;
  - lead the implementation process; and
  - develop mechanisms to monitor the uptake and impact of the new strategies.
- Clearly define and outline the roles of all agencies and groups involved in CDPM.
- Provide support and advice, as appropriate, to existing disease/service networks and committees across the North East and encourage the creation of new networks as necessary.

Funding

- Support the development of:
  - cost/benefit analysis models that include chronic disease considerations;
  - incentive structures that are aimed at achieving the NE LHIN CDPM strategies.
- Develop a partnership with the Workplace Safety and Insurance Board (WSIB).

Information and Communication Technology / Information Management (ICT/IM)

- As ICT/IM planning and strategy implementation moves forward, the implications for enhanced CDPM outcomes in the following areas must be considered:
  - patient self-management;
  - population health monitoring; and
  - access to diagnostics and treatment (i.e. wait times).

WAIT TIME STRATEGY

BACKGROUND

The Wait Time Strategy is one of the four key elements of the Ministry of Health and Long-Term Care's transformation agenda. The Strategy is focused on access to the following five service areas:

- Cancer Surgery
- Cardiac Procedures
- Hip and Knee Joint Replacement
- Cataract Surgery
- MRI and CT Diagnostic Scans

The following table summarizes the North East's performance in terms of wait times for the targeted procedures, in relation to the province.

NE LHIN Wait Times Performance Summary 2004 / 2005

	Average Wait	90% Wait
Cataract Surgery		
Hip Replacement		
Knee Replacement		
MRI Scan		
CT Scan		
Angiography		
Angioplasty		
Bypass Surgery		
Cancer Surgery		

The most obvious opportunities for improvement where the region is performing below the province.

Indicates services where North East Ontario residents currently have quicker access than the Ontario norm.

Identifies performance on par with the province.

Definitions:

Average Wait Time: The average or mean length of time a patient waited to have their treatment. This wait time may be skewed by a few cases which had extremely short or long wait times. The average wait time is calculated by dividing the total number of waiting days that a hospital reported, by the total number of treatments reported during the time period.

90% Wait: The point at which 90% of the patients received their treatment, and the other 10 per cent waited longer. For example, if a 90% wait time is 58 days, this means that 90% or 9 out of 10 of the patients waited less than 58 days, and the other 10% waited more than 58 days.

Apart from time to service, it is also important to look at volume and population rates to identify service equity issues. Compared to Ontario, residents of the North East receive notably more of most of the target procedures: 12% more MRI scans, 15% more total knee replacements and cataract surgeries, 23% more large bowel resections, 36% more coronary angiographies, 47% more mastectomies, and 49% more angioplasties. Conversely, the region's residents receive 11% fewer radical prostatectomies and 5% fewer CT scans than the rest of Ontario. (Source: ICES Practice Atlas, 2nd edition – Access to Services in Ontario, 2006)

While the information available for select diagnostic and surgical procedures is valuable, several additional waiting time data elements are needed to develop a better understanding of the flow of individuals within and across health services and sectors.

Both past planning and current community/provider discussions highlight a number of access issues in the region. Although not quantified at this point in time, there are widely accepted delays and difficulties (i.e. wait times) in a variety of key areas across the North East, including:

- access to primary and specialist medical consultation;
- alternate level of care cases requiring placement in a long term care facility or timely community supports;
- psychiatric assessments and admission to a psychiatric facility (from time of completion of Form 1 to admission to a facility); and
- inter-facility transfers diagnostic or other procedures (e.g. hospital to hospital, long-term care facility to hospital).

ISSUES AND OPPORTUNITIES

Wait Time Strategy

- Establish a North East LHIN Wait Times Strategy Medical Expert Advisory Panel to:
  - monitor North East wait times performance statistics;
  - assess surgical repatriation potential for the region;
  - investigate North East-appropriate surgical service models;
  - develop an inventory of all inpatient and outpatient surgical capacity; and
  - make recommendations for programmatic changes.
- Health human resource planning and recruitment/ retention strategies must consider the relationship to the LHIN's Wait Time Strategy and associated performance.

Beyond the Wait Time Strategy – The Continuum of Care

- On a LHIN or sub-LHIN level, a number of key access challenges must be identified so that monitoring mechanisms similar to the Wait Times Information System can be developed to track baseline wait periods for services.
- Referral and access processes should be mapped to identify areas for improvement and/or services that could benefit from more centralized and standardized approaches (e.g. alternate level of care, access to psychiatric consultation).

PARTICIPATORY DECISION-MAKING: STAKEHOLDER INPUT AND EMPOWERMENT

While outlining the government's broad commitment to provide leadership in community engagement and be responsive to health needs at the local level, the Honourable George Smitherman, Minister of Health and Long-Term Care, indicated in June 2004 that, *"our vision is of a system where all providers speak to one another in the same language, where there are no longer impenetrable and artificial walls between stakeholders and services: a system driven by the needs of patients, not providers".*

The Local Health System Integration Act mandates the development of community engagement strategies, in recognition that a community's health needs and priorities are best developed by the community, health care providers and the people they serve. The term, "community" is applied by the ministry in an inclusive manner to embrace all members and stakeholders of the health care "community", including health care providers, professionals, clients, consumers, consumer support groups, patients, funders, residents and citizens.

The North East LHIN has embraced the province-wide commitment to actively engage in open communication and broad, inclusive consultation through the development of positive stakeholder relationships.

The Community Engagement Strategy, 2006,recognizes the importance of community involvement in all aspects of LHIN activities. The North East LHIN will use a wide variety of locally appropriate approaches in the seven geographic planning areas identified in the Northeast as an initial approach to community engagement.

COMMUNITY ENGAGEMENT PHASE ONE - JUNE 2005 to FEBRUARY 2006

The NE LHIN community engagement initiative began with the appointment of Board Chair, Mathilde Gravelle Bazinet, who immediately launched a two-way communication process. By June 2005, the Vice Chair, Margaret Ashcroft and the Chief Executive Officer, David Murray were on board and anxious to participate. Early community engagement took the form of information sessions and private meetings with stakeholders throughout the North East. These initial meetings focused on gaining a better understanding of the unique needs and challenges of communities throughout the North East while providing information about the new LHIN. Within the first few months, the Chair, Vice-Chair and Chief Executive Officer had visited over a dozen communities, meeting with many service providers, representatives from the general public, educators, and community and municipal leaders.

COMMUNITY ENGAGEMENT PHASE TWO - FEBRUARY 2006 to JUNE 2006

By February 2006, Richard Joly joined the North East LHIN team as Senior Director of Performance, Contracts and Allocations, and Ann Matte was appointed to the position of Senior Director of Planning, Integration and Community Engagement. In March 2006, a draft of the proposed community engagement strategy was circulated to a variety of stakeholders for input and feedback was also sought through the LHIN website.

During the five-month period to the end of June 2006, over 84 presentations were made to various stakeholder groups and town hall meetings were held in North Bay, Sudbury, Espanola, Timiskaming Shores, Kapuskasing, and Hearst. In total, over 2,500 consumers, providers and members of the general public participated in the range of sessions that were held.

Feedback on the draft community engagement strategy was sought as well as input for the Integrated Health Service Plan. Additionally:

- a small hospital forum was hosted by the North East LHIN, on March 27/28, 2006 to initiate dialogue on the role of small hospitals in the region;
- an Algoma Healthcare Planning & Priority-Setting Session took place on May 16, 2006 in Sault Ste. Marie and was attended by over 85 providers and citizens from across the planning area to identify acute and chronic care, and disease prevention priorities; and
- a meeting of the four large hospitals and six community care access centres from across the North East was held on June 9, 2006 to begin to develop common strategies to meet the provincial wait time targets.

Each of these sessions will be used as starting points for further planning work in the respective areas.

FREQUENT QUESTIONS RAISED AND ADDRESSED DURING THE CONSULTATION PROCESS

1. Will there be changes to the funding formula for health service agencies in the North East?
2. Which services will fall under the auspices of the North East LHIN?
3. Will LHINs seek to privatize health services?
4. Will services be centralized to larger urban centres within the North East?
5. How are Board members appointed, are they representative of the region, and will Board meetings be public?
6. What will the process be with respect to competitive bidding and contracts?

These and many other questions have been addressed throughout the region. We have learned a great deal. LHINs are part of a significant structural and system change designed to make it easier for all partners in the health care system to work together. The Integrated Health Services Plan and our ongoing engagement process will help us to develop close relationships with all partners throughout the North East.

CENTRAL THEMES

The November 26, 2004 Community Workshop organized by the MOHLTC and held in Sudbury brought over 300 consumers and providers from across the North East together to talk about current and future integration ideas. As a follow-up, the North East LHIN organized a Priorities Setting Focus Group on April 11, 2006, to revisit and refine the integration priorities identified at the first Workshop.

The broad range of topics covered included: improving system navigation, implementing a common vision for information and communication technology, improving communication between stakeholders, integrating mental health and addictions services, maximizing current resources and increasing access.

The noted themes above were both validated and expanded upon at the community engagement sessions held between February and June 2006. The primary themes, pertaining to the IHSP priorities, at these meetings included:

- integration concerns and collaboration;
- equity;
- local vs. community vs. regional;
- funding and accountability;
- centralization, privatization and competitive bidding;
- health human resources;
- unique Francophone and Aboriginal needs;
- information and communication technology;
- access to specialists, long term care, mental health and addictions, supportive housing; and
- the role of the small hospital in the North East.

The following action plan identifies the main areas of focus for the NE LHIN over the next three years based on all of the issues and opportunities noted previously. In many instances, the outcome of work on the following items will support progress on other noted opportunities either concurrently or at a later date. It should be noted that the LHIN encourages groups to work on locally relevant opportunities that support the IHSP vision.

As the action plan is implemented, the NE LHIN will be monitoring both its own and health service provider progress towards the achievement of this IHSP. The actions are numbered for ease of reference, not as a ranking of priority level.

Action	Year 1	Year 2	Year 3
EQUITY and ACCESS			
1) Organize three regional summits to develop frameworks and workplans to address the issues of access in the following areas: • seniors' health; • mental health and addiction; and • alternate level of care (ALC).	✓		
2) Implement a process to further define the role of small hospitals in North East Ontario.	✓		
ABORIGINAL HEALTH SERVICES			
3) Establish First Nations Planning Reference Groups (with on- and off-reserve representation) to: • assist First Nations representatives to frame their vision for health services in North East Ontario; and • identify measures to improve the health status of Aborignals.	✓	✓	
4) Establish Métis Nations Planning Reference Group to: • assist Métis representatives to frame their vision for health services in North East Ontario; and • identify measures to improve the health status of the Métis Nation.	✓	✓	
5) Provide support to the Weeneebayko Health Ahtuskaywin/James Bay General Integration Project.	✓		
FRENCH LANGUAGE HEALTH SERVICES			
6) In collaboration with the Réseau de santé en français du Moyen-Nord de l'Ontario and the Réseau francophone de santé du Nord de l'Ontario: • develop and confirm a process for the identification of French services (year 1); • facilitate the creation of a French language health care services directory (year 1); and • develop a formal interpretation /translation service (years 2 and 3).	✓	✓	✓
7) Together with key Francophone health service providers and the Francophone communities in the planning areas of North East LHIN: facilitate the development of culturally and linguistically appropriate health promotion and disease prevention programming; and create an environment that fosters enhanced access to health services in French.			✓

Action	Year 1	Year 2	Year 3
HEALTH HUMAN RESOURCES			
8) With the seven planning area networks/planning tables, develop a joint process for a comprehensive North East Health Human Resources Plan. The process will include: • the collection of health human resource data; • the identification of gaps; linkages to the wait time strategy and associated performance; • development of recruitment and retention strategies; • the development of a "portal" to facilitate broad interactive communications about the Regional Plan (e.g. real time listing of all vacancies for health professional throughout the North East); and • the establishment of two task groups to focus on First Nations and Francophone health human resources respectively.	✓	✓	
9) Support the implementation of the regional health human resources strategies outlined in the North East Ontario Laboratory Region Strategic Plan.	✓	✓	
10) Promote joint strategies and a shared approach to: employee health and safety; recruitment and retention; staff development and education; performance appraisal processes and formats; shared administration and human resource functions; information management; standardized position descriptions and workload measurement; change management; and monitoring of key human resource indicators.		✓	
INFORMATION AND COMMUNICATION TECHNOLOGY/INFORMATION MANAGEMENT			
11) Maintain a leadership role in the Northern Ontario Information and Communication Technology Planning Project (ICT Blueprint) - Phase 2	✓		
12) Complete a regional e-health tactical plan with the goal of implementing an electronic medical record across the primary care sector in the NE LHIN. The tactical plan will also address the issues required for enhanced Chronic Disease Prevention and Management outcomes in the following areas: • patient self-management; • population health monitoring; and • access to diagnostics and treatment (wait times).	✓		
13) Implement the tactical plan working with ICT stakeholders. This will include the development of LHIN-wide ICT standards, requirements for interoperability and best practices.	✓		

Action	Year 1	Year 2	Year 3
14) In collaboration with the ICT stakeholders, support the development of system-level ICT cost/benefit analysis models and guidelines for provider/LHIN/MOHLTC funding to offset reasonable incremental ICT costs.		✓	
15) Collaborate with the North East Local Data Management Partnership to: • explore the transfer of knowledge from this partnership to other health service sectors in • North East Ontario; and • develop a linkage between ICT projects and information management activities.	✓		
CHRONIC DISEASE PREVENTION AND MANAGEMENT (CDPM)			
16) Establish a North East LHIN Chronic Disease Prevention and Management Advisory Panel to: • clarify role of all agencies and groups involved in CDPM; • consult with, and provide support and advice (as appropriate) to, existing disease/service networks and committees; and • develop a cost/benefit analysis models that include chronic disease considerations.	✓		
17) Develop a partnership with the Workplace Safety and Insurance Board (WSIB).			✓
WAIT TIMES			
18) Establish a North East LHIN Wait Times Strategy Medical Expert Advisory Panel to: • monitor North East wait times performance statistics; • assess surgical repatriation potential for the region; • investigate North East-appropriate surgical service models; • develop an inventory of all inpatient and outpatient surgical capacity; and • make recommendations for programmatic changes.	✓		
19) Examine referral and access processes along the continuum of health care services to identify areas for improvement and services that could benefit from more centralized approaches to wait time monitoring and management.	✓	✓	

North East
LOCAL HEALTH INTEGRATION NETWORK

Contact Us

Telephone
705-840-2872
866-906-5446 (Toll Free)

Fax
705-840-0142

Address
555 Oak Street East, 3rd Floor, North Bay, ON P1B 8E3

Links
www.lhins.on.ca/english/northeast/northeast.asp
www.lhins.on.ca/french/northeast/northeast.asp

Ontario